

Federal Funds (HOME, CDBG, EECBG) Development 2018-2019 Application

This application form should be used for projects seeking funding from City of Madison Request for Proposals #2018-8754; Federal Funds (HOME, CDBG, EECBG) for 2018-2019 Housing Development & Capital Improvement Projects. Applications must be submitted electronically to the City of Madison Community Development Division by **noon on September 19, 2018.** Email to: cddapplications@cityofmadison.com

APPLICANT INFORMATION

Proposal Title:	African Center for Community Development					
Amount of Funds Requested:	\$500,000.00	Type of Project:	Housing			
Name of Applicant:	African Center for Com	nmunity Develop	ment, Inc.			
Mailing Address:	6314 Odana Road, Su	ite 14, Madison,	WI 53719			
Telephone:	608-217-6489	Fax:	608-721-1932			
Admin Contact:	Aliko Songolo	Email Address	alikosongolo@	gmail.com		
Project Contact:	Aliko Songolo	Email Address	alikosongolo@	gmail.com		
Financial Contact:	Adetunji Lesi	Email Address	tunjilesi@hotm	ail.com		
Website:						
Legal Status:	☐ For-profit 🛛 Non	-profit				
Federal EIN:	47-3458123	DUNS	#: 081556137			
Registered on SAM:	☐ Yes ⊠ No					
AFFIRMATIVE ACTION						
If funded, applicant hereby agree affirmative action plan with the D at http://www.cityofmadison.com LOBBYING REGULATED Notice regarding lobbying ordinated of non-residential space, or from the City with a value of oversubject to Madison's lobbying or consult the City Clerk for more in to \$5,000. Applicants may find many find m	epartment of Civil Rights /dcr/aaFormsID.cfm. ance: If you are seeking a residential developm er \$10,000 (this include dinance, sec. 2.40, MG0 nformation. Failure to co	approval of a d ent of over 10 c s grants, loans, D. You are requi	evelopment that has lwelling units, or if y TIF, or similar assisted to register and resolutions.	s over 40,000 gross square you are seeking assistance stance), then you likely are eport your lobbying. Please		
CITY OF MADISON CONTRAC	тѕ					
If funded, applicant agrees to co includes standard provisions ma						
If funded, the City of Madison re-	serves the right to negot	iate the final terr	ns of a contract with	the selected agency.		
SIGNATURE OF APPLICANT						
Enter Name: Aliko Songolo						
By entering your initials in this be agree to the terms listed above.	ox aS you are electronic	ally signing your	name as the submi	tter of the application and		

9/19/2018-Development Application Federal Funds 2018 V3-2.docx

Date: 09/19/2018

Rhodes, Linette

From: ALIKO SONGOLO <asongolo@wisc.edu>
Sent: Monday, December 03, 2018 11:52 AM

To: Rhodes, Linette
Cc: tunjilesi@hotmail.com
Subject: ACCD Application for CDBG

Dear Linette--

I am writing to let you know officially that ACCD has decided to withdraw its application for CDBG funds to purchase the church at 1502 Parkside Drive. It is moot, of course, for us to speak of withdrawing the application, since the decision was already made for us because the site did not pass the environmental review requirements.

I am also writing to request the application for the planning funds that you mentioned at our meeting of 11/7.

As you probably know, Ald Samba secured a meeting between ACCD and Mayor Soglin that took place a week ago today. The purpose of the meeting was to solicit the mayor's support. The meeting was very productive in that the mayor understood what we are attempting to achieve and he offered his support, albeit without making specific commitments.

We are grateful for your continued interest and support of our project. We have two pressing priorities. One is to develop a number of programs with the planning funds, the other is to identify a new site to purchase. As you suggested, we have been in touch with the Goodman Community Center and visited their premises. Specific plans will be made once we determine our immediate needs for space.

all the best, aS

Aliko SONGOLO <asongolo@wisc.edu>

Professor

Department of French & Italian

Department of African Cultural Studies

Chevalier dans l'Ordre des Palmes académiques

University of Wisconsin 1220 Linden Drive

Madison, WI 53706

PROPOSAL OVERVIEW

1. Describe the primary community <u>need(s)</u> the proposed project seeks to address and the expected <u>outcomes</u>. (*Please limit response to 500 words including spaces*).

There are urgent needs among low-income communities around the city, among people of color, especially the immigrant community from Africa. Challenges include feelings of isolation, low literacy rates, immigration counselling, job training, financial literacy, English language training, youth mentoring, after school programs, and child care. Expected outcomes are: Better integration into the Madison community, finding jobs, increased graduation rates, and a stronger African business community

2. Please provide an overview of the project, how it meets the criteria outlined in the Request for Proposals and the risks associated with the project. (*Please limit response to 500 words including spaces*).

We will implement the following programs incrementally: Resource Center for immigration support and financial literacy; computer Lab for technological literacy and job training; business facility for consulting and mentoring; cultural programming; language training; food pantry. Several of these programs will attract large numbers of people from the target population because of identified need. Risks include not getting the requested amount or if the property is appraised higher than expected.

3. Describe the proposed project's consistency with adopted planning documents, including the City of Madison Comprehensive Plan, neighborhood plan(s) and any other relevant plans.

Madison prides itself in being a diverse and inclusive city. At present, however, despite a strong desire to achieve this goal, the number and percentage of people of color participating in the life of the city does not match its aspirations. This project will begin to address this issue by encouraging small neighborhood businesses that will help integrate low- to moderate- income population into the economic fabric of the city. This is consistent with existing planning documents.

4. Describe the target population(s) this project intends to serve (e.g. low-income families, seniors, special needs populations, etc.)

The project will serve primarily low-income communities around the city with particular focus on minorities groups, especially new immigrants, most of whom are low income, have special health and educational needs, some speak no English, or speak French or Portuguese rather than English, while others speak only African languages. This segment of the community has been left out of city services because they don't know how to access them.

5. How many unduplicated individuals are estimated to be served by this project: a minimum of 2550 How many unduplicated households are estimated to be served by this project: a minimum of 1200

6. Please describe whether/how this project relates to efforts undertaken by other community groups or agencies.

If there is any similarities or relationship with other community groups, it will be Centro Hispano on Park Street, the Hmong community programming at the Badger Road community center, the Urban League with its job training program, and the Literacy Network. The difference, however, is that our particular project is focused on communities that are not served by the programming provided by these communities. We will however seek partnership and cooperation in areas we think will make our Madison communities better. We are unique in that we are serving a demographic that is not being serviced and in that we will provide language education early on. This we believe will integrate our community more and increase graduation rates for kids of African descent who are currently not doing very well.

7. Describe the response and level of support of the alderperson of the district in which the proposal is located. What issues or concerns with the project did s/he identify, if any?

The response has been enthusiastic; he has helped us identify potential issues about funding and guided the way towards resources; has pledged to help as much as possible; he is great to work with. He also thinks this project is overdue and believes it will be a big addition to services provided to residents of the city and is looking forward to it. He also sees this as an equity issue.

8. Describe the neighborhood input process, including notification to and input from the nearby Neighborhood Association(s), either already underway or planned. If that process has begun, please summarize its results to date.

A neighborhood meeting was held with over sixty people in attendance at the property we expect to purchase. There is overwhelming support for this project. The alder has also asked that we hold at least two neighborhood meetings once the project is recommended for approval and negotiations for purchasing the property have started, to collect input on programming and other concerns neighbors may have.

9. Will any business or residence, including rental tenants, be temporarily or permanently displaced as a result of the proposed activities? ☐ Yes ☐ No ☐ Unknown
If yes, please describe your relocation plan, including assistance you will offer to those displaced by the project.
10. The follow repayment terms will be selected for the project as offered in the Request for Proposals (Please check one):
☑ Option 1: Zero percent, long-term deferred loan payable upon sale, transfer, or change in the use of the property. The promissory note will require repayment of either a percentage of the appraised value after rehab or construction, based on the amount of the CDD funds invested in the property, or a percentage of the net proceeds, whichever is less.
☐ Option 2: Long-term deferred loan - principal plus 2% accrued simple interest, payable upon sale, transfer, or change in the use of the property. Repayment will be equal to the amount of the CDD funds awarded, plus 2% simple interest accrued over the life of the loan.

AGENCY OVERVIEW

11. Describe the Agency's Mission Statement and explain how this project supports the Mission Statement.

The ACCD's mission is to meet the needs and aspirations of a growing African population in Madison and Dane County. It will endeavor to identify and address issues that tend to maintain this population outside of the mainstream of the Madison community. It will strengthen social networks and provide information and referrals to help the African community flourish in the Greater Madison area

12. Identify all key roles in your project development team, including architect, general contractor, legal counsel, property management agent, if applicable supportive services provider(s), and any other key consultants, if known.

Name	Company	Role in Development	Contact Person	Phone
Aliko Songolo	UW-Madison	co-chair, Board of Directors	Aliko Songolo	608-217-6489
Adetunji Lesi	Tunji-Lesi, LLC	Co-Chair, Board of Directors	Adetunji Lesi	608-545-5002
Godwin Amegashie	Seed Consulting	Fundraising co-chair	Godwin Amegashie	608-698-5842
Dzigbodi Akyea	Madison College	Fundraising co-chair	Dzigbodi Akyea	608-345-4914

13. Please describe the development team's experience using federal HOME, CDBG or EECBG funds.

None. However, many members of the African immigrant communities have had experience using federal funds in various capacities. For instance, Godwin Amegashie worked for a long time in the state's minority development administration, Aliko Songolo with Title VI funding, Aggo Akyea at the state's Department of Transportation

14. Please describe the capacity of your agency to secure the total financing necessary to complete your proposed project, and past performance that will contribute to the success of the proposed program.

Members of the African Association of Madison serve on Board of Directors and have been instrumental in sustaining the financial viability of the Neighborhood House. The African Association of Madison has been a major user of the Neighborhood house for 25 years and has garnered and managed significant funding to run Africa Fest for the past 20 years. The African Center for Community development is currently engaged in a major fundraising effort with a goal of raising a substantial amount of money to leverage major funding from foundations and corporations.

15. Indicate by number the following characteristics for your agency's current staff and Board of Directors.

DESCRIPTOR	STAFF	BOARD
GENDER		
Female		5
Male		14
Unknown/Other		
TOTAL GENDER		19
AGE		
Less than 18 yrs old		
18-59 Yrs		14
60 and older		5
TOTAL AGE		19
RACE*		
White/Caucasian		2
Black/African American		17
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
MULTI-RACIAL:		
Black/AA & White/Caucasian		19
Asian & White/Caucasian		
Am Indian/Alaskan Native & White/Caucasian		
Am Indian/Alaskan Native & Black/AA		
Balance/Other		
TOTAL RACE		19

ETHNICITY	
Hispanic or Latino	0
Not Hispanic or Latino	19
TOTAL ETHNICITY	19
PERSONS WITH DISABILITIES	0

^{*}These categories are identified in U.S. Department of Housing and Urban Development (HUD) Standards.

16. List Percent of Staff Turnover: N/A

Divide the number of resignations or terminations in calendar year 2017 by total number of budgeted positions. Do not include seasonal positions. Explain if you had 20% or more turnover rate. Discuss any other noteworthy staff retention issues or policies in place to reduce staff turnover.

N/A
17. The following attachments are included with this application:
☐ Housing – Owner-Occupied Development (Complete Attachment A and Budget Workbook)
☐ Housing – Rental Development (Complete Attachment B and Budget Workbook)
Neighborhoods- Community-Based Facilities (Complete Attachment C and Budget Workbook)

Note: Proposals for Community-Based Facilities should only complete Worksheet 1 (Agency Overview), Worksheet 2 (Capital) and 3 (Expenses) in the Budget Workbook. Proposals for residential developments should complete the entire Budget Workbook.

ATTACHMENT A- Housing Development- Owner- Occupied Development

1. Identify the source of federal funds the agency will accept for the project: HOME	CDBG
2. What is the total number of units to be assisted with HOME, CDBG or EECBG funds and to rEECBG requested per affordable unit?	he amount of HOME, CDBG
3. Provide your assessment of the market conditions of the neighborhood (including anticipal target populations). Explain why this site or area was chosen. If a specific site has not been i use to assess the appropriateness of a site and neighborhood for an assisted housing project	dentified, what criteria do you
4. Describe your affirmative marketing strategy and any other strategies to engage your inter-	nded population.
5. How will this project address barriers to housing experienced by your target population? D credit builder programs or HUD-approved education counseling available to potential buyers.	
6. Projects with HOME funds must have a ratified sales contract within nine months of construct the project is non-compliant, the developer must either convert the project to a HOME rental repayment of all funds dispersed. Describe the experience and qualifications of the entity that including maintaining property standards and ongoing compliance if converted to rental.	unit or be responsible for
DDODOGAL TIMELINE	
PROPOSAL TIMELINE Describe activities/benchmarks by month/year to illustrate how your project will be implement include site control, financing secured, acquisition, start of construction/rehab, end of construction, submission of completion report/final draw request.	
Occupancy, Submission of completion repertinal draw request.	Estimated Month/Year
Activity/Benchmark	of Completion

Activity/Benchmark	Estimated Month/Year of Completion

ATTACHMENT B- Housing Development- Rental Development

1. Identify the source of federal funds the age	ency will accept for the project:	IE ☐ CDBG ☐ EECBG
2. What is the total number of units to be ass or EECBG requested per affordable unit? Indivouchers.		
3. If the single-purpose entity will be owned, i controlling interest in the property or a statuto		
4. Identify, and describe the experience and opproperty standards, ongoing compliance, and and/or federal regulations. How many units d	annual reporting requirements in accor	
5. Who will be responsible for monitoring con Are they trained on federal requirements?	npliance with federal regulations and red	quirements?
SITE INFORMATION		
6. Provide your assessment of the market co target populations). Explain why this site or a use to assess the appropriateness of a site a	rea was chosen. If a specific site has no	ot been identified, what criteria do you
7. Identify the distance the following amenitie	s are from the proposed site.	
Type of Amenities & Services	Name of Facility	Distance from Site (in miles)
Full Service Grocery Store		(
Public Elementary School		

Public Middle School							
Public High School							
Job-Training Facility, Community College,							
or Continuing Education Programs							
Childcare							
Public Library							
Neighborhood or Community Center							
Full Service Medical Clinic or Hospital							
Pharmacy							
Public Park or Hiking/Biking Trail							
Banking							
Retail							
Other (list the amenities):							
stops? List the seven-day transit stop location schedule) located near the proposed site.	on and describe any other transit stops (i	molade street intersections and					
9. Describe the impact this housing will have on the schools in this area. Please include information on school enrollment data (e.g. at capacity, above capacity, below capacity); how this housing development will impact the schools' enrollment; and approximately how many elementary and middle school children are projected to live at the proposed housing development based on your proposed unit mix and previous housing experience.							
SITE AMENITIES 10. Describe the exterior and common area cost, if any).	amenities that will be available to tenant	s and guests, including parking (and					
11. Describe the interior apartment amenitie environment.	s, including plans for internet service (ar	nd cost, if any) and a non-smoking					
12. What fees, if any, will be charged to resid	dents of the proposed building (e.g. park	ring, laundry, pet fees, etc.)?					

HOUSING INFORMATION & UNIT MIX

13. If a site has been identified, provide the following information for your proposed project. List the property address along with the number of units you are proposing by size, income category, etc. If this is a scattered site proposal, list each address <u>separately</u> with the number of units you are proposing by income category, size, and rent for that particular address and/or phase. Attach additional pages if needed.

ADDRES	SS #1:										
			# of Bedrooms				Projected Monthly Unit Rents, Including Ut			Utilities	
% of County Median Income (CMI)	Total # of units	# of Studios	# of 1 BRs	# of 2 BRs	# of 3 BRs	# of 4+ BRs	\$ Rent for Studios	\$ Rent for 1 BRs	\$ Rent for 2 BRs	\$ Rent for 3 BRs	\$ Rent for 4+ BRs
≤30%	0	0	0	0	0	0					
40%	0	0	0	0	0	0					
50%	0	0	0	0	0	0					
60%	0	0	0	0	0	0					
Sub-total	0	0	0	0	0	0					
Market*	0	0	0	0	0	0					
Total Units	0	0	0	0	0	0	Notes:				

 $^{^*40\% = 31-40\%}$ CMI; 50% = 41-50% CMI; 60% = 51-60% CMI; Market = >61% CMI.

ADDRES	SS #2:										
			# of Bedrooms			Projected Monthly Unit Rents, Including Utilities					
% of County Median Income (CMI)	Total # of units	# of Studios	# of 1 BRs	# of 2 BRs	# of 3 BRs	# of 4+ BRs	\$ Rent for Studios	\$ Rent for 1 BRs	\$ Rent for 2 BRs	\$ Rent for 3 BRs	\$ Rent for 4+ BRs
≤30%	0	0	0	0	0	0					
40%	0	0	0	0	0	0					
50%	0	0	0	0	0	0					
60%	0	0	0	0	0	0					
Sub-total	0	0	0	0	0	0					
Market*	0	0	0	0	0	0					
Total Units	0	0	0	0	0	0	Notes:	•	•	•	

*40% = 31-40% CMI; 50% = 41-50% CMI; 60% = 51-60% CMI; Market = >61% CMI.

14. Utilities included in rent: \square	Water/Sewer \square Electric \square	Gas Free Internet In-Unit Oth	er:
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15. Describe the number and percent of accessible units proposed for each of level of accessibility. For rehab, describe the accessibility modifications that will be incorporated into the existing housing.									
		0,	, ,	plan to provide and for the to		y standard to	be achieved	, and the resi	ulting
				d where a site e the scope a					
If a site h	nas been ider	ct Data Sumr ntified, enter t elow for each	he site addre	ess (or addre	sses if scatte	ered sites) of	the proposed	d housing and	d answer
	# of Units Prior to Purchase	# of Units Post-Project	# Units Occupied at Time of Purchase	# Tenants to be Displaced	# of Units Accessible Current?	Number of Units Post- Project Accessible?	Appraised Value Current (Or Estimated)	Appraised Value After Project Completion (Or Estimated)	Purchase Price
Address:	Enter Address	1		1		ī		Γ	
Address:	Enter Address	<u> </u>				<u> </u>			
Address:	Enter Address	3							
INTEGRATED SUPPORTIVE HOUSING UNITS 19. Identify the partnership(s) with supportive service agencies that have been or will be formed to serve the target population(s) if serving populations requiring intensive case management or ongoing supportive services. Provide a detailed description of the type and level of supportive services (such as assessment and referral, on-site intensive case management, etc.) that will be provided to residents of the proposed project.									

Activity/Benchmark	Estimated Month/Year of Completion			
PROPOSAL TIMELINE 23. Describe activities/benchmarks by month/year to illustrate how your project will be impler please include: site control, financing secured, acquisition, start of construction/rehab, end of for occupancy, submission of completion report/final draw request.				
22. Describe the proposed development's minimum occupancy standards that will prevent or residents in such limited affordable housing opportunities.	r reduce over-housing			
21. Describe your plans to incorporate flexible tenant selection criteria for households who as services, in order to provide housing opportunities for persons or families who would otherwise obtaining housing (e.g., poor credit or rental histories, criminal conviction records, etc.)				
TENANT SELECTION				
20. What, if any, financial support will be offered to help finance the provision of support services to tenants? Attach a letter from the service provider(s) detailing the services to be provided to residents of the supportive housing units, the cost of those services and how they will be financed (i.e., through the development, fundraising, existing program dollars etc.)				

ATTACHMENT C- Community Facilities Development

1. Funds will be applied to:	
☑ Acquisition only☐ Rehabilitation☐ New Construction☐ Acquisition and Rehab/New 0	Construction
2. Please explain why you are interested in acquiring or improvin accessibility improvements, etc.). Please describe the work being	
We are interested in acquiring the space located at 1502 Parksic providing the services we seek for low- to moderate- income imm contemplated.	
What is the current outstanding debt on the property (including	g any existing CDBG and City loans)?
Source/Name	Amount
unknown	\$ \$
	\$
4. If the applicant is renting space: a. Who is the current owner of the property? Christ the Solid Book Bootist Church	
Christ the Solid Rock Baptist Church	
b. What is the length of the proposed or existing lease a	and the proposed rental rate (in rent per square foot)?
N/A	
5. If this proposal will be in new space, what is the impact of own current level of space-related costs?	ing or leasing this space compared to your agency's
The African Center for Community Development does not have a conducive space to provide for the needs of the immigrant comm	
PROPOSAL TIMELINE	

6. Describe activities/benchmarks by month/year to illustrate how your project will be implemented. At a minimum, please include site control, financing secured, acquisition, start of construction/rehab, end of construction/rehab, available for occupancy, submission of completion report/final draw request.

Activity/Benchmark	Estimated Month/Year of Completion
Space available for occupancy	spring 2019
Security/Site control	spring 2019
Recruitment of Facilities Director	spring 2019

Activity/Benchmark	Estimated Month/Year of Completion
Recruitment of tutors	summer 2019
Cultural events planning in collaboration with UW African Studies Department	september 2019

PLEASE ATTACH THE FOLLOWING ADDITIONAL INFORMATION AND CHECK THE BOX WHEN ATTACHED:

	A completed Application Budget Workbook, showing the City's proposed financial contribution and all other proposed financing.
\boxtimes	A current list of Board of Directors
	A Capital Needs Assessment report of the subject property, if the proposal is for a housing rehabilitation project and if the report is available at the time of application.
	A recent market study, prepared by a third-party market analyst, if available at the time of application.
	For applicants seeking EECBG funds, an energy audit, prepared by a certified Focus on Energy auditor, if available at the time of application.
	For community facilities proposals, a minimum of two estimates upon which capital costs are based (pleas ensure that Fair Labor Standards and the payment of Federal Prevailing Wage Rates are considered in these estimates).
	For community facilities proposals, a copy of the plans and specifications for the work, or a description of the design specifications you are contemplating.
	For community facilities proposals, if the applicant owns the space, a copy of the long-range building improvement plan and building maintenance plan (please include a narrative describing what the building needs and how you expect to maintain it over time).

NOTE: If an appraisal, market study, or capital needs assessment is not available at the time of application, and the proposal is funded through this RFP process, these items must be submitted to the City prior to receiving a Loan Agreement.